

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
February 21st, 2019

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
✓	Joel Ramirez, M.D., Camarena Health Madera County		
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
✓	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:50 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: November 15, 2018 - Provider Update Medical Policies (Q4) - California Children's Services (CCS) Report (Q4) - Provider Preventable Conditions (Q4) - A&G Inter-Rater Reliability Report (IRR).	The November 2018 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full January Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Ramirez/Verma) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - A & G Classification Audit Report - Quarterly A&G Member Letter Monitoring Report - CCC DMHC Expedited Grievance Member Report (Q4) - Health Education Incentive Program - Public Programs Report (Q4) - Pharmacy Formulary Drug List (January) (Attachments A-J) <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <p>Appeals & Grievances:</p> <ul style="list-style-type: none"> - Dashboard and Turnaround Time Report (December) - Executive Summary (Q4) - Quarterly Member Report (Q4) (Attachments K-M) <p>Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of December 2018.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 89 grievances resolved in December with 69 Quality of Service grievances and 20 Quality of Care grievances. ➤ Number of grievances received in December decreased compared to previous 2 months. ➤ A decrease is noted in Exempt grievances in December. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ Total number of Appeals Resolved decreased in December compared to recent months. <p>The Appeals and Grievances Executive Summary and Quarterly Member Report for Q4 were presented and reviewed. A year-end summary was presented to the committee comparing 2018 totals to 2017 with the following findings:</p>	<p>Motion: Approve Appeals & Grievances - Dashboard and Turnaround Time Report (December) Executive Summary Q4 Quarterly Member Report Q4 (Verma/Ramirez) 4-0-0-3</p>

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	<p><u>Grievances</u></p> <ul style="list-style-type: none"> ➤ The total number of grievances received in 2018 remained relatively stable when compared to 2017 data. ➤ The total number of Quality of Service Grievances in 2018 also remained stable when compared to the previous year. Although the new category of Transportation Related grievances was added. The number of Quality of Care Grievances resolved in 2018 decreased compared to the prior year. ➤ A significant increase was noted in Exempt grievances for 2018. ➤ A theme noted throughout the year for all grievances is a shift in grievance type associated with the EHS transition. The increase in volume for Exempt grievances is also attributable to the EHS transition and the addition of the Transportation benefit and subsequent grievance tracking and monitoring. <p><u>Appeals</u></p> <ul style="list-style-type: none"> ➤ An increase in the total number of Appeals Received/Resolved is noted in 2018. This increase is attributable primarily to advanced imaging (CTs, MRI and cardiac imaging), allergy shots, and pharmacy denials. Practitioner education regarding prior authorization criteria has been ongoing and these numbers are expected to decline. ➤ Overall, an evaluation of the per thousand member per month rates for grievances and appeals when comparing 2017 to 2018, the rate for grievances remained the same at 0.23 and appeals increased from 0.05 to 0.12. <p><u>Quarter 4 2018 Results</u></p> <ul style="list-style-type: none"> ➤ The total number of appeals increased slightly in Q4 compared to Q3 2018. ➤ Noted increase in Q4 appeals attributed to appeals for allergy medications and advanced imaging services. ➤ The total number of grievances decreased slightly in Q4 compared to Q3. ➤ 232 Quality of Service (QOS) ➤ 76 Quality of Care (QOC) <p><u>Access Grievances</u></p> <ul style="list-style-type: none"> ➤ The top Access grievance classifications for Quarter 4 2018 are: ➤ PCP Referral for Services grievances ➤ Availability of Appointment with PCP ➤ Availability of Appointment with Specialist <p><u>Exempt Grievances</u></p> <ul style="list-style-type: none"> ➤ The highest volume of exempt grievances in Q4 were: PCP Assignment, Transportation and Interpersonal Clinic/Provider staff. ➤ The number of exempt grievances reported in Q4 remained consistent with Q3. 	

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	<p><u>Inter-rater Reliability Report</u></p> <ul style="list-style-type: none"> ➤ The Inter-rater Reliability audit evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for the handling of appeals and grievances. ➤ For the audit period of October 1, 2018 through December 31, 2018, results for the appeals and grievances case reviews averaged an overall score of 99.93%. The audit score threshold is 95%. ➤ Feedback is provided to A&G staff on all audit findings. 	
<p>#3 QI Business -Potential Quality Issues (Q4) (Attachment N)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or peer review activity. Peer review activities include cases with a severity code level of III or IV or any case the CalViva Health Chief Medical Officer (CMO) requests to be forwarded to Peer Review.</p> <ul style="list-style-type: none"> ➤ Several non-member PQI's in 2018 were discovered during this reporting period not to have been adjudicated in a timely manner. ➤ Cases were reconciled and this Q4 report reflects accurate information. Q1-3 Reports have been reconciled and updated as well. ➤ A Corrective Action Plan (CAP) is in development with Health Net. ➤ An increase in non-member PQIs adjudicated is expected for upcoming reports. <p>Data was reviewed for all case types including the follow-up actions taken when indicated.</p>	<p>Motion: Approve Potential Quality Issues Q4 (Ramirez/Hodge) 4-0-0-3</p>
<p>#3 QI Business -Provider Office Wait Time (Q2) (Attachment O)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 2 2018 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2018 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve Provider Office Wait Time Q2 (Ramirez/Verma) 4-0-0-3</p>
<p>#3 QI Business -Avoidance of Antibiotics for Bronchitis (AAB) QI Summary - Monitoring of Patients on Persistent Medications (MPM) QI Summary (Attachments P-Q)</p>	<p>Two QI Summaries were reviewed with the committee covering Antibiotic Avoidance for Adults with Bronchitis (AAB) and Monitoring for Patients on Persistent Medications (MPM). These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. Both projects were focused in Madera County. Our process has been to work with a high volume, low compliance clinic to work with the Plan to initiate improvement interventions in an effort to improve clinic and county rates and share successful interventions with other clinics/providers in the service area. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for both.</p> <ul style="list-style-type: none"> ➤ Antibiotic Avoidance for Adults with Bronchitis (AAB) The AAB HEDIS® measure is defined as the percentage of adults (18-64 years of age) with a diagnosis of acute bronchitis who were not dispensed an 	<p>Motion: Approve Avoidance of Antibiotics for Bronchitis (AAB) QI Summary and Monitoring of Patients on Persistent Medications (MPM) QI</p>

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<p>Action Patrick Marabella, M.D., Chair</p>	<p>antibiotic on or within three days of the diagnosis (National Committee for Quality Assurance [NCQA]), (2018).</p> <p>➤ Monitoring for Patients on Persistent Medications (MPM) The MPM HEDIS® measure evaluates the percentage of members 18 years of age and older who are taking antihypertensive/diuretic medications during the measurement year. The required annual tests to monitor these medications include: either serum potassium and serum creatinine tests or a metabolic lab panel test that includes results with these values. The medications monitored for this measure include:</p> <ul style="list-style-type: none"> • Angiotensin Converting Enzyme (ACE) inhibitors; or • Angiotensin Receptor Blockers (ARBs); and/or • Diuretics <p>(National Association for Quality Assurance [NCQA]), (2018).</p>	<p>Summary (Hodge/Ramirez) 4-0-0-3</p>
<p>#4 QI/UM Business - QI Executive Summary & 2018 Work Plan End of Year Evaluation (Attachments R) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2018 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2018 included the following:</p> <p>I. Access, Availability and Service /Improve Access to Care:</p> <ul style="list-style-type: none"> ➤ Three measures did not meet compliance for Provider Appointment Availability: <ul style="list-style-type: none"> ○ Urgent care appointments with Specialists that require prior authorizations within 96 hours ○ Non-urgent appointment with Specialists within 15 days ○ After Hours Urgent Care to contact on-call provider within 30 minutes. ➤ Corrective Action Plans were issued to all non-compliant PPGs and directly contracted providers. Telephone audits were conducted for providers noncompliant for two consecutive years. ➤ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q2. <p>II. Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in five of the six Default Enrollment Measures; Fresno County fell below in HbA1c testing:</p> <ul style="list-style-type: none"> ➤ Childhood Immunization Combo 3 ➤ Well Child Visits 3-6 years ➤ Prenatal Care ➤ HbA1c Testing ➤ Controlling High Blood Pressure ➤ Cervical Cancer Screening 	<p>Motion: Approve QI Executive Summary & 2018 Work Plan End of Year Evaluation</p> <p>(Ramirez/Verma) 4-0-0-3</p>

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	<p>III. Performance Improvement Projects (PIPs): The two PIPs for 2018 were:</p> <ul style="list-style-type: none"> ➤ Childhood Immunizations (CIS-3) ➤ Postpartum Care Disparity Project (PPC) ➤ These projects will close out on June 30th, 2019 <p>IV. Ongoing Workplan Activity.</p> <ul style="list-style-type: none"> ➤ Monitoring of completion of routine activities. 	
<p>#4 QI/UM Business UM/CM Executive Summary & 2018 Work Plan End of Year Evaluation (Attachments S) Action Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management & Case Management focused on the following areas for 2018:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ➤ Licensure and credentialing requirements maintained. ➤ Program documents and policies were updated to incorporate new regulatory requirements into practice. ➤ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. 2. Monitoring the UM Process: <ul style="list-style-type: none"> ➤ Turn-around times for prior authorizations were monitored with a goal of 100%; the average for 2018 was 97.2%. ➤ Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate was reviewed. Compliance rates have been consistent year to year. 3. Monitoring Utilization Metrics: <ul style="list-style-type: none"> ➤ All UM metrics for Monitoring Utilization met the objectives except “Improve shared risk and FFS UM acute inpatient performance”. ➤ Goals were not met for: <ul style="list-style-type: none"> ▪ Expansion population (MCE) Bed days, admits/K and 30-day readmits ▪ SPD Avg Length of Stay ▪ TANF admits/K ➤ These goals were not met primarily due to fragmented aftercare and inadequate placement options for patients with multiple social determinants of health. 4. Monitoring Coordination with Other Programs and Vendor Oversight: 	<p>Motion: Approve UM/CM Executive Summary & 2018 Work Plan End of Year Evaluation</p> <p>(Ramirez/Verma) 4-0-0-3</p>

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	<ul style="list-style-type: none"> ➤ All metrics for Behavioral Health met goal with the exception of “Network Availability and Adequacy” for Q3 related to some autism providers lacking information in files. ➤ Complex Case Management initiated for behavioral health in Q2 2018. Referrals continue to increase. <p>5. Monitoring Activities for Special Populations:</p> <ul style="list-style-type: none"> ➤ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. ➤ All monitoring activities met goals except “Provide UMCM Programs to support SPD Mandatory Managed Care Requirements”. ➤ Health Risk Assessments were not meeting expectations as IT migration prevented data exchange. ➤ A Corrective Action Plan was initiated in Q3 and completed by 12/31/18. 	
<p>#4 QI/UM Business Agenda Item: DHCS Quality Corrective Action Plan</p>	<p>On September 25, 2019, the Plan received written notification from DHCS of a Corrective Action Plan (CAP) related to three External Accountability Set (EAS) indicators below the Minimum Performance Level (MPL) in Madera County for three consecutive years.</p> <ul style="list-style-type: none"> ➤ The Plan submitted its response on October 10, 2018, and it was accepted by DHCS. ➤ The Plan met with DHCS on February 11, 2019 to review the CAP process and is currently awaiting response. ➤ Next meeting between the Plan and DHCS is scheduled for May 13th, 2019. 	<p>Informational</p>
<p>#5 UM Business - Key Indicator Report & Turn-around Time Report (December) - Utilization Management Turn- around Time Report (Attachments T) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report was presented with a year-end comparison against goals for Q4 2017 through Q4 2018.</p> <ul style="list-style-type: none"> ➤ TANF rates for Q4 2018 were at or below goals in all categories (lower number is better). ➤ SPD rates for Q4 2018 were challenging with Acute Average Length of Stay and Readmission rates above goals. ➤ Medi-Cal Expansion rates were at or slightly above goal in all categories. ➤ Early in 2018 (Q1 & Q2) some measures were well above goal for particular measures in the MCE and TANF populations due to a particularly virulent influenza strain, however these rates came down in the second half of the year. 	<p>Motion: Approve Key Indicator Report & Turn- around time report (December) (Ramirez/Verma) 4-0-0-3</p>
<p>#5 UM Business - Case Management, Transitional Care & Palliative Care (Q4)</p>	<p>This report provides a summary of Case Management, Transitional Care Management, and Palliative Care activities for Quarter 4 2018. The goal of these programs is to identify members who would benefit from the services offered and to engage them in the appropriate program. The effectiveness of the case management program is based upon:</p> <ul style="list-style-type: none"> • Readmission rates 	<p>Motion: Approve Case Management, Transitional Care, & Palliative Care (Q4)</p>

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(Attachments U) Action Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> • ED utilization • Overall health care costs • Member Satisfaction <p>Positive results continue for these measures in Quarter 4 2018. Effectiveness of the other program types are established and evaluated and included in the quarterly report.</p>	(Verma/Ramirez) 4-0-0-3
#5 UM Business - Specialty Referrals Report: HN(Q4) - Specialty Referrals Report: LaSalle (Q1-Q3) (Attachments V-W) Action Patrick Marabella, M.D, Chair	<p>These reports provide a summary of Specialty Referral Services that required prior authorization in the tri-county area in Q4 for Health Net and revised versions of Q1-Q3 for La Salle. Parameters for these reports have recently been clarified with Delegation Oversight staff.</p> <p>Evidence of the tracking process in place to ensure appropriate access to specialty care is summarized for CalViva Health members. Results will continue to be monitored and reported over time.</p>	Motion: Approve Specialty Referrals Report: HN Q4; Specialty Referrals Reports: LaSalle (Q1-Q3) (Hodge/Verma) 4-0-0-3
#5 UM Business - Clinical Practice and Preventative Health Guidelines (Attachment X) Action Patrick Marabella, M.D, Chair	<p>The Clinical Practice and Preventive Health Guidelines were presented to the committee for review and adoption for CalViva Health. These guidelines are provided in a new format this year and include current recommended practices and screening activities from recognized sources in healthcare literature.</p> <ul style="list-style-type: none"> ➤ These guidelines are available electronically on the Provider Portal. 	Motion: Approve Clinical Practice and Preventative Health Guidelines (Ramirez/Verma) 4-0-0-3
#6 Policies and Procedures -Quality Improvement Policy & Procedure Review (Attachment Y) Action Patrick Marabella, M.D., Chair	<p>The Quality Improvement Policy & Procedure Annual Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits. One policy is new. Former policy PH-061 Initial Health Assessment and HE-001 Individual Health Education Behavioral Assessment were archived and replaced with the policy below:</p> <ul style="list-style-type: none"> ➤ QI-018 Initial Health Assessment and Individual Health Education Behavioral Assessment/Staying Healthy ➤ QI-005 The Quality Improvement Program Requirements policy was also provided to committee members in its entirety for approval due to a large volume of edits, although the basic program elements and procedures have not changed. <p>The policy edits were discussed and the Quality Improvement policies were approved.</p>	Motion: Approve Quality Improvement Policy and Procedure Review (Verma/Ramirez) 4-0-0-3

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<p>#8 Compliance Regulatory Update (Attachment Z)</p>	<p>Mary Beth Corrado presented the Compliance Regulatory Update.</p> <ul style="list-style-type: none"> ➤ 2018 DHCS Medical Audit- The DHCS Final Report was issued on December 17, 2018 and requested a CAP for a finding related to lack of documentation showing that new providers received the training package within 10 working days. The Plan filed a response to the CAP on January 19, 2019, and is awaiting DHCS review/approval. ➤ DMHC auditors will join DHCS auditors for the on-site audit during the week of February 25, 2019. This is not a “joint audit” and each agency is conducting a separate audit reflecting different look-back periods and will issue separate independent reports. ➤ All DMHC requested pre-audit documents and case files were submitted by February 1, 2019. All DHCS requested pre-audit documents and case files were submitted by January 17, 2019. ➤ Pediatric Palliative Care- In the November report to this Committee, it was indicated that one CalViva member would transition under this program. However, it turned out that the member was no longer receiving PPC services at the time of the January 1, 2019 transition. There were no CalViva members receiving PPC services that required transitioning. ➤ Health Homes Program (HHP)- The HHP is an integrated service delivery system for populations with complex, chronic conditions intended to improve outcomes by reducing fragmented care and promoting patient-centered care. The program will be implemented only in Fresno County initially. In anticipation of the July 1, 2019 launch of the HHP, a town hall meeting was conducted in November, 2018 to reach-out to potential Community-Based Care Management Entities (CB-CMEs) within Fresno County. DMHC and DHCS filings (e.g. Plan readiness status, policies and procedures, provider network information, etc.) are due in March 2019 for this new program. ➤ Diabetes Prevention Program- The DPP is an evidence-based lifestyle change program, taught by peer coaches designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with pre-diabetes. The Centers for Disease Control and Prevention (CDC) established the National DPP, and set national standards and guidelines, also known as CDC Diabetes Prevention Recognition Program (DPRP), for the effective delivery of the National DPP lifestyle change program. Effective January 1, 2019, MCPs must cover the DPP benefit and make it available to eligible members. Members must meet the most current CDC DPRP participant eligibility requirements to qualify for the DPP benefit. ➤ Effective January 20, 2019, the Madera County member vacancy was filled Public Policy Committee. ➤ The next Public Policy Committee meeting is scheduled for March 6, 2019, at 11:30 am, in Fresno County, at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711. 	
<p>#9 Old Business</p>	<p>None.</p>	
<p>#10 Announcements</p>	<p>None.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:30 pm	

NEXT MEETING: March 21, 2019

Submitted this Day: March 21, 2019
Submitted by: Amy B. Schneider
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:
Patrick Marabella
Patrick Marabella, MD Committee Chair